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| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | 036017/US/2-475396-00153 |
| | First Named Inventor | Bud Mishra |
| | COMPLETE IF KNOWN | |
| | Application Number | 10/553,618 |
| | Filing Date | November 20, 2003 |
| | Group Art Unit | To be assigned |
| Examiner Name | To be assigned | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM, PROCESS AND SOFTWARE ARRANGMENT FOR DISEASE
DETECTION USING GENOME WIDE HAPLOTYPE MAPS**

(Title of the invention)

the specification of which

☐ Is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **11/20/2003**

as United States Application Number or PCT International

Application Number **10/553,618** and was amended on (MM/DD/YYYY) (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

| Provisional Application Number | Filing Date |
|--------------------------------|-------------|
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Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120

(complete this part only if this is a divisional, continuation or C-I-P application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior applications(s) and the national or PCT international filing date of this application:

| Application Number | Filing Date | Status (patented, pending, abandoned) |
|--------------------|-------------------|---------------------------------------|
| PCT/US2003/037114 | November 20, 2003 | Pending |
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DECLARATION — Utility or Design Patent Application

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| Direct all correspondence to: <input checked="" type="checkbox"/> | | Customer Number or Bar Code Label | | 30873 | | OR <input checked="" type="checkbox"/> | | Correspondence address below | |
| Name | | | | | | | | | |
| Address | | | | | | | | | |
| City | | | | State | | ZIP | | | |
| Country | | | Telephone | | | | Fax | | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Bud Given Name (first and middle [if any]) | | | | Mishra Family Name or Surname | | | | | |
| Inventor's Signature | | | | | | Date | | | |
| Great Neck Residence: City | | | NY State | | USA Country | | India Citizenship | | |
| Mailing Address 16 Dunster Road | | | | | | | | | |
| Great Neck City | | | NY State | | 11021 ZIP | | USA Country | | |
| NAME OF SECOND INVENTOR: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Thomas Given Name (first and middle [if any]) | | | | Anantharaman Family Name or Surname | | | | | |
| Inventor's Signature <i>T.S. Anantharaman</i> | | | | | | Date <i>2/21/07</i> | | | |
| Poughquag Residence: City | | | NY State | | USA Country | | USA Citizenship | | |
| Mailing Address 924 Route 216 | | | | | | | | | |
| Poughquag City | | | NY State | | 12570 ZIP | | USA Country | | |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | | | | |

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 036017/US/2-475396-00153

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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

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| Direct all correspondence to <input checked="" type="checkbox"/> Customer Number: 30673 | | OR <input type="checkbox"/> Correspondence address below | |
| Name | | | |
| Address | | | |
| City | | State | ZIP |
| Country | Telephone | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle if any) | | Family Name or Surname | |
| Bud | | Nishra | |
| Inventor's Signature <i>Shubanesan Nishra</i> | | | Date 6/7/2007 |
| Residence: City | State | Country | Citizenship |
| Great Neck | NY | USA | India |
| Mailing Address | | | |
| 16 Dunster Road | | | |
| City | State | ZIP | Country |
| Great Neck | NY | 11021 | USA |
| NAME OF SECOND INVENTOR | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle if any) | | Family Name or Surname | |
| Thomas | | Anantharaman | |
| Inventor's Signature | | | Date |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | ZIP | Country |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on this application (see sheet(s) PTO/SB/02A or 02B attached hereto). | | | |